

# *Kids Camp 2010*

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### **Madison Police Department**

100 Hughes Road, Madison, Alabama 35758

**What is Kids Camp?** – Kids Camp is an opportunity for kids to learn about the Police Department. Kids will observe and receive law enforcement training from Police Officers. Kids will be divided into teams and will play games and compete with one another while learning about teamwork.

**Who can attend?** – All City of Madison fifth graders graduating to sixth grade. Madison City home school student's welcome.

**When is it?** – Due to the number of applicants, Kids Camp will be conducted over two weeks. Applicants will attend a one-week session as assigned by City of Madison Schools they currently attend.

#### **June 14–18, 2010**

Horizon Elementary  
St. Johns Elementary  
Madison Elementary

#### **June 21-25, 2010**

Heritage Elementary  
West Madison Elementary

#### **June 28 - July 2, 2010**

Rainbow Elementary  
Columbia Elementary

**Where is it?** – Kids Camp will be held at Discovery Middle School from 8:00 a.m. to 3:00 p.m. each day. Parents will drop off and pickup their children at the back of the school.

**When and where do I register my child/children?** – Registration forms are available at the Madison Police Department, any Madison City Elementary School, and Madison City web site (<http://madisonal.gov/DocumentView.aspx?DID=386>). All completed registration forms will need to be turned into the Madison Police Department by midnight April 30, 2010. The Madison Police Department is open 24 hours a day, 7 days a week. To ensure a correct count of children and to allow time for ordering team T-shirts, no registration forms will be accepted after April 30, 2010.

**Who do I contact with questions?** – You may contact Sgt. Clayton Jordan at 772-5691 or 772-5685.

**How much does it cost?** – There is a **\$45.00** registration fee to help offset the cost of T-shirts and consumable items used. Funding is available through the Police Foundation. Registration fees are non-refundable.

**Who is in charge of Kids Camp?** – The Madison City Police Officers and volunteers will be responsible for training and supervising the children who are attending Kids Camp each day.

**What about food?** – While attending Kids Camp, children will need **to bring a sack lunch each day**. Beverages (soda and water) will be provided.

**What should I send with my child to camp?** – Parents and guardians should provide their child or children with a hat, sunscreen, towel, and **water bottle**. Your child may get wet and dirty each day; be prepared when picking them up. Please wash the shirt that is being provided by Kids Camp each night. Children will be required to wear the shirt each day. Due to the hot weather, it is suggested that children wear shorts.



**MADISON POLICE  
DEPARTMENT**

## Kids Camp 2010

### Application Form

To be completed by Parent/Guardian (Please Print)

Applicants Name: \_\_\_\_\_  
Last Name First Name MI

Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
Male/Female M/D/Yr Adult Sizes Sm/Md/Lg/Xlg

School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Last Name First Name MI

Relation to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Will anyone other than the parent or guardian listed above be picking up the child at any time during Kids Camp? If so, Who?

Additional information you would like to add? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**\* Completed registration forms due by midnight April 30, 2010. Thank You!**



**MADISON POLICE  
DEPARTMENT**

**Kids Camp 2010**  
**Health and Medical Summary**  
To be completed by Parent/Guardian (Please Print)

Applicants Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail : \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal health insurance carrier: \_\_\_\_\_

Contract #: \_\_\_\_\_ Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Circle appropriate answer and explain "Yes" answers on back:

Have you ever been hospitalized?	Yes	No
Are you presently taking any medications?	Yes	No
Are you required to take any medication while attending Kids Camp? (If yes please provide a list of medicines, ample supplies and direction for use.)	Yes	No
Have you ever passed out during or after exercise?	Yes	No
Do you have high blood pressure?	Yes	No
Do you have heart disease?	Yes	No
Do you have any allergies or skin problems?	Yes	No
Do you have or had any form of cancer?	Yes	No
Do you have diabetes?	Yes	No
Have you ever had a head injury?	Yes	No
Have you ever been unconscious?	Yes	No
Have you ever had or have seizures?	Yes	No
Do you have trouble breathing during or after activity?	Yes	No
Do you wear glasses?	Yes	No
Have you ever sprained, dislocated, fractured, or broken any bones or joints?	Yes	No
Do you use any special equipment (pads, braces, eye guards etc)?	Yes	No
Any reason to restrict full activity from swimming, long hikes, backpacking, or strenuous physical games?	Yes	No
Are your immunizations up-to-date (as required by the American Pediatrics Association)?	Yes	No

**I hereby state that, to the best of my knowledge, my answers to the above questions are correct.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**MADISON POLICE  
DEPARTMENT**

## **Kids Camp 2010**

### **Waiver/Release Form**

To be completed by Parent/Guardian (Please Print)

\_\_\_\_\_, has my permission and consent to activities,  
(Applicants Name)  
including participation in strenuous physical requirements to such activity, and I understand and agree that this activity is elective, and therefore, because my child has chosen to participate in this activity/activities, I further agree as follows:

1. I authorize the Madison Police Department to obtain, through a physician of its choice; any emergency medical care that may become reasonably necessary for my child in the course of the activity/activities.
2. I accept the responsibility for payment of all medical bills, including, but not limited to: charges for doctors, ambulance, hospitals and drugs which my child may incur by reason of participation in such activity/activities.
3. I authorize the Madison Police Department to transport my child to and from activities scheduled away from designated training center.
4. I waive any and all claims or cause of action against the City of Madison, the Madison Police Foundation, the Madison City School System, the Madison Police Department and its servants, agents, employees, police officers, cadets and sponsors of the system which may arise by reason of injuries to my child because of such participation and agree that the City of Madison, the Madison City School System, the Madison Police Department and its servants, agents, employees, police officers, cadets and sponsors are released and forever acquitted from all and any claims of liability to me, my child, or heirs, for illness or injury sustained by my child because of such participation. I further state that my child is in proper physical condition to participate in such activity/activities. I also give permission for the use of my child's name and/or picture in any broadcast, telecast, or any other public account of this event.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date